CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Roy NICKNAME LAST SUFFIX Morales	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 2450 Louisiana #400-224 Houston, TX 77006 AREA CODE PHONE NUMBER EXTENSION (713) 383-7825	MAY 7 2007 ON SMETANY Date Hand-delivery or Date Post Farked Post Maybe
6 CAMPAIGN TREASURER NAME	(713) 383-7825 MS / MRS / MR FIRST MI MS. Martha NICKNAME LAST SUFFIX Wong	Date Processed
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE: 15 Greenway 16F, Houston, TX 77096	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 622-7888	·
9 REPORTTYPE 10 PERIOD COVERED	January 15	Exceeded \$500 timit 15th day after campaign treasurer appointment (officeholder only) Year 2007
11 ELECTION	ELECTION DATE Month Day Year 05 / 12 / 2007 Primary Runoff	General X Special
12 OFFICE	OFFICE HELD (if any) Harris County School Trustee Pos 6, Pct 1 Houston City Counc	il At-Large Position 3
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of Name Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages		
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

5 C/OH NAME Mora	ales, Roy		16 ACCOUNT # (Ethics Commission File
7 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candic e without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ABORESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
8 CONTRIBUTION TOTALS	1. TOTAL PLEDGI	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ NA
10 // 120		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,234.99
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ NA
•	4. TOTAL	POLITICAL EXPENDITURES	\$ 19,757.93
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA ORTING PERIOD	\$ 616.58
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 1,200.00
9 AFFIDAVIT		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	
Notary Pu	A R. BAK blic, State of Te Expires 08/27	ER 12008 logelio M	date or Officeholder
AFFIX NOTARY STAM	•	Parker Marakas Is	NA
Sworn to and subscri	bed before me, by	the said Negerio 1 of ales 11	_, this the day

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAM	NS		SCHEDULE A
The Instructi	ion Guide explains how to complete this form.		1 Total pages Sche Schedule: 1/	edule A: 12 Report 3/24
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT # (Eth	nics Commission filers)
4 Date	Full name of contributor		7 · Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/13/2007	6 Contributor address; City; State; Zip Code		\$500.00	
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	·	of Texas, complete Schedule T)
Political Act	tion Committee	10 winpreyer (
Date	Full name of contributor out-of-state PAC (ID# Condo, Kathleen		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16/2007	Contributor address; City; State; Zip Code		\$100.00	·
		,	Mf traval autoida c	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I		or lexas, complete acheune i
			1	1
Date	Full name of contributor out-of-state PAC (ID#: Caram, Dorothy		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16/2007	Contributor address; City; State; Zip Code		\$100.00	
			(if travel outside o	l of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor out-of-state PAC (ID# Lucke, Nancy)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16/2007	Contributor address; City; State; Zip Code		\$50.00	
			(If travel outside o	 of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of	In-kind contribution
	Leslie, John		contribution (\$)	description (if applicable)
4/17/2007	Contributor address; City; State; Zip Code	:	\$250.00	
			(If travel outside o	 of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
	ATTACH ADDITIONAL COPIES			

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	ion Guide explains how to complete this form.		1 Total pages Sch Schedule: 2/	edule A: 12 Report 4/24
2 FILER NAI	ME MORALES, ROY (MR.)		3 ACCOUNT# (E	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/21/2007	6 Contributor address; City: State; Zip Code		\$250.00	
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/21/2007	Contributor address; City; State; Zip Code		\$60.00	 - -
Principal occ	upation / Job title (See Instructions)	Employer (See	(If travel outside o	of Texas, complete Schedule T)
		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#: Streusand, Kathy		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/21/2007	Contributor address; City; State; Zip Code		\$500.00	
			#6 5	
Principal occi Housew	upation / Job title (See Instructions) ife	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:	``	Amount of	In-kind contribution
4/00/0003	Casas, Eduardo		contribution (\$)	description (if applicable)
4/23/2007	Contributor address; City; State; Zip Code		\$50.00	
			(If trough autoide a	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		1 19743, Complete Schedule 1
Date	Full name of contributor out-of-state PAC (ID#	1	Amount of	In-kind contribution
4/00/0007	Bowman, Matthew		contribution (\$)	description (if applicable)
4/23/2007	Contributor address; City; State; Zip Code		\$2,500.00	
•			i 	
Principal occu Preside	pation / Job title (See Instructions) ent	Employer (See I	nstructions)	f Texas, complete Schedule T)
lf c	ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see instru			requirements.

SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche Schedule: 3	edule A: 3/12 Report 5/24
2 FILER NAM	IE MORALES, ROY (MR.)		3 ACCOUNT# (Eth	nics Commission filers}
4 Date	5 Full name of contributorout-of-state PAC (ID#: Marek, R. Stan		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/23/2007	6 Contributor address; City; State; Zip Code		\$250.00	
				of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/2007	Contributor address; City; State; Zip Code		\$50.00	<u> </u>
			(If travel outside (of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		77 100.00, 000.000
Date	Full name of contributor		Amount of	In-kind contribution
Date	Luker, Ernest	······································	contribution (\$)	description (if applicable)
4/26/2007	Contributor address; City; State; Zip Code		\$250.00	
			(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		, (0.00.5)
			1	1
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/26/2007	Contributor address; City; State; Zip Code		\$200.00	! !
			(If travel outside (of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor		Amount of	In-kind contribution
	Ferguson, Janiece		contribution (\$)	description (if applicable)
4/26/2007	Contributor address; City; State; Zip Code		\$100.00	
				ļ
Principal occu	upation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T
Рппыраг осси	pation / Job title (See Instructions)	Employer (See .		
	ATTACH ADDITIONAL COPIES			*
lf c	contributor is out-of-state PAC, please see instru	uction guide forado	litional reporting	requirements.

1-800-325-8506

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche Schedule: 4/12	1
2 FILER NAM	E MORALES, ROY (MR.)		3 ACCOUNT# (Eth	ics Commission filers)
4 Date	5 Full name of contributor Dut-of-state PAC (ID#: Foster, Cheryl		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/26/2007	6 Contributor address; City; State; Zip Code		\$100.00	
			(If travel outside (of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor , U out-of-state PAC (ID# Grant, Greg		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/2007	Contributor address; City; State; Zip Code		\$100.00	
		_	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Joh title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-ot-state PAC (ID#; Boone, Pat		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/28/2007	Contributor address; City; State; Zip Code		\$100.00	
			(if travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of	In-kind contribution
2-1-2	Scarbrough, Daphne		contribution (\$)	description (if applicable)
4/28/2007	Contributor address; City; State; Zip Code	,	\$100.00	
			(If trave) outside (of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Crockett, Martha		contribution (\$)	description (if applicable)
4/28/2007	Contributor address; City; State; Zip Code		\$100.00	
				1
D. C. C. C.	reading (Joh Mills (See Index	Employer (See)		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (Seé I	natructions)	

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SCHEDULE A

The Instruction	on Guide explains how to complete this form.		1 Total pages Sche Schedule: 5/	dule A: 12 Report 7/24	
2 FILER NAM	IE MORALES, ROY (MR.)		3 ACCOUNT# (Eth	oics Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
4/28/2007	6 Contributor address; City; State; Zip Code		\$500.00		
:			(If travel outside o	of Texas, complete Schedule T)	
9 Principal occu CEO	upation / Job title (See Instructions)	10 Employer (See I Self Employed	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/28/2007	Contributor address; City; State; Zip Code		\$20.00		
			(if travel outside o	of Texas, complete Schedule T)	
Principal occu	ipation / Job title (See Instructions)	Employer (See II	nstructions)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/28/2007	Contributor address; City; State; Zip Code		\$500.00	 	
			(If travel outside o	of Texas, complete Schedule T)	
•	ipation / Job title (See Instructions) Financial Officer	Employer (See In Scope Imp			
Date	Full name of contributor out-of-state PAC (ID# Wright, Clymer		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/28/2007	Contributor address; City; State; Zip Code		\$1,000.00		
			(If travel outside o	of Texas, complete Schedule T)	
Principal occu Insurance	pation / Job title (See Instructions) e Agent	Employer (See In Self Employed			
Date	Full name of contributor out-of-state PAC (ID#: Whiteford, Louise		Amount of contribution (\$)	In-kind contribution description (if applicable)	
4/28/2007	Contributor address; City; State; Zip Code		\$25.00		
•			Alf traval autoids	of Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	•	i rexas, complete scriedule 1)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A: Schedule: 6/12 Report 8/24	
2 FILER NAME MORALES, ROY (MR.)			3 ACCOUNT # (Ett	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/30/2007	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$50.00	
			(If travel outside o	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30/2007	Contributor address; City; State; Zip Code		\$249.99	
			(If travel outside o	of Texas, complete Schedule 1)
Principal occu	upation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30/2007	Howenstine, John Contributor address; City; State; Zip Code		\$1,000.00	İ
			(If travel outside	
Principal occu	pation / Job title (See Instructions) Investment Co. Owner	Employer (See I Self Emp		
Date	Full name of contributor out-of-state PAC (ID# Torres, Gelacio)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/30/2007	Contributor address; City; State; Zip Code		\$350.00	
			(If travel outside o	of Texas, complete Schedule T)
	upation / Job title (See Instructions) eneral Manager	Employer (See I Self Employed	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
	Li, Kenneth Chi		contribution (\$)	description (if applicable)
4/30/2007	Contributor address; City; State; Zip Code		\$250.00	<u> </u>
			118 America - 114-11-	
Balantini i		Employee (0)		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	tion Guide explains how to complete this form.		1 Total pages Sche Schedule:	edule A: 7/12 Report 9/24
2 FILER NAI	ME MORALES, ROY (MR.)		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#: Gutierrez, Elizabeth		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/30/2007	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	\$200.00	
		•	(if travel outside	 of Texas, complete Schedule T)
9 Principal occ	cupation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/2/2007	Contributor address; City; State; Zip Code		\$500.00	
			(If travel outside o	 of Texas, complete Schedule T)
Principal occ Retir	eupation / Job title (See Instructions) red	Employer (See		r rexes, complete concedite 1)
Date	Full name of contributor out-of-state PAC (ID#; Farrow, Roger		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/2/2007	Contributor address; City; State; Zip Code		\$250.00	 pf Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/2007	Contributor address; City; State; Zip Code		\$50.00	
			iff travel outside o	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	in-kind contribution description (if applicable)
5/3/2007	Basaldua, Martin Contributor address; City; State; Zip Code		\$500.00	
Principal occi Medical Do	upation / Job title (See Instructions)	Employer (See I	nstructions)	of Texas, complete Schedule T)
If c	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS	NEEDED	requirements.

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS	(312) 403-	SCHEDULE A
The Instructi	ion Guide explains how to complete this form.		1 Total pages Sche Schedule: 8/1	ledule A: 12 Report 10/24
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT # (Eth	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Zeidman, Fred)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/4/2007	6 Contributor address; City; State; Zip Code		\$500.00	
		<u> </u>		of Texas, complete Schedule T)
•	upation / Job title (See Instructions) Chairman	10 Employer (See I Turnaround Pa		
Date	Full name of contributor out-of-state PAC (ID# Associated Builders & Contractors PAC		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/4/2007	Contributor address; City; State; Zip Code		\$1,000.00	<u> </u>
!		1	/if travel outside /	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See II		II Idada, voniporo vonesso .;
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
!	Cohen, Fred		contribution (\$)	description (if applicable)
5/4/2007	Contributor address; City; State; Zip Code	ļ	\$100.00	<u> </u>
			416 travel subside	Sahadula Ti
Principal occu	upation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
	,			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/4/2007	Contributor address: City; State; Zip Code		\$100.00	
Principal occu	upation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor		A curt of	In this distantian
Date	Full name of contributor Dout-of-state PAC (ID#: Moran, Patrick		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/4/2007	Contributor address; City; State; Zip Code		\$1,000.00 {	; [
	<u>- </u>	1	ı J	1
Principal occu	upation / Job title (See Instructions)	Feedburg (See I		of Texas, complete Schedule T)
Owne	,	Employer (See In Moran Explorati	•	
if c	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see instru			requirements.

E.	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	18		SCHEDULI
The Instruc	tion Guide explains how to complete this form.		1 Total pages Schi Schedule: 9/1	edule A: 2 Report 11/24
2 FILER NAI	ME MORALES, ROY (MR.)		3 ACCOUNT# (Eti	
4 Date	Full name of contributor out-of-state PAC (ID#: Frassanito, Joyce		7 Amount of contribution (\$)	8 In-kind contributed description (if app
4/13/2007	6 Contributor address; City; State; Zip Code		\$100.00	
9 Principat occ	cupation / Job title (See Instructions)	10 Employer (See I		of Texas, complete Scho
		TO Minprojet (OCC)	nijatruotiona,	
Date	Full name of contributor		Amount of contribution (S)	In-kind contribu description (if app
4/18/2007	Contributor address; City; State; Zip Code		\$35.00	
Principal occ	supation / Job title (Gee Instructions)	Employer (See)		of Texas, complete Sche
i illisapur coo	upation / 300 title (366 Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID# Neukomm, Frank		Amount of contribution (\$)	In-kind contribu description (if app
4/19/2007	Contributor address; City; State; Zip Code		\$250.00	
Principal occ	upation / Job title (See Instructions)	Employer (See II		of Texas, complete Sche
	<u> </u>			
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribu description (if app
4/30/2007	Contributor address; City; State; Zip Code		\$25.00	
			(If travel outside o	f Texas, complete Sche
Principal occu	upation / Job title (See Instructions)	Employer (See In		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribu description (if app
4/30/2007	Contributor address; City; State; Zip Code		\$100.00	
			(If travel outside o	f Texas, complete Sche
Principal occu	upation / Job title (See Instructions)	Employer (See In		-

SCHEDULE A

The Instructi	on Guide explains how to complete this form.		Total pages Schedule A: Schedule: 10/12 Report 12/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Elhics Commission filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID# Ott, Jan		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/2/2007	6 Contributor address; City: State; Zip Code		\$50.00	
			(if trave) outside	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor cut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Bowman, Matthew		contribution (\$)	description (if applicable)
5/2/2007	Contributor address; City; State; Zip Code		\$2,500.00	
	4		(If travel outside	of Texas, complete Schedule T)
Principal occu Preside	upation / Job title (See Instructions)	Employer (See CES Inc	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#: Birney, Leeshan	}	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/2007	Contributor address; City; State; Zip Code		\$500.00	
			(If traval autoida	 of Texas, complete Schedule T)
	upation / Job title (See Instructions) Principal	Employer (See Stone Mountai	Instructions)	or roxas, somplete contents in
Date	Full name of contributor	<u> </u>	Amount of	In-kind contribution
Julio	"C" Club of Houston PAC		contribution (\$)	description (if applicable)
4/27/2007	Contributor address; City; State; Zip Code			\$5,000.00 Mail
			(If travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See		or rexas, complete ochedure 17
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
54.0	Denike, John and Dot	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	contribution (\$)	description (if applicable)
4/15/2007	Contributor address; City; State; Zip Code			\$50.00 Coffee Event
				1
			(if travel outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	Instructions)	
I				

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SCHEDULE A

The Instruc	ction Guide explains how to complete this form.		1 Total pages Sch Schedule: 11	edule A: /12 Report 13/24
2 FILER NA	ME MORALES, ROY (MR.)		3 ACCOUNT# (Et	
4 Date	5 Full name of contributor out-of-state PAC (ID# Warburton, Stan and Joan)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
4/16/2007	6 Contributor address; City; State; Zip Code 9523 Moorberry Lane Houston TX 77080			\$75.00 Wine & Cheese Event
9 Principal oc	cupation / Job title (See Instructions)	10 Employer (See	(If travel outside o	of Texas, complete Schedule T
Date	Full name of contributor		1 -	
	Ellis, Judith/Nixon, Allyson/Larson, Barbara/	Meyers, Sandie	Amount of contribution (\$)	In-kind contribution description (if applicable
4/23/2007	Contributor address: City: State; Zip Code 2301 Seagler Houston TX 77042			\$50.00 Coffee Event
		•	(If traval autoids a	
Principal occ	supation / Job title (See Instructions)	Employer (See	Instructions)	f Texas, complete Schedule 1)
Date	Full name of contributor out-of-state PAC (ID#:			
	Watkins, Ned		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/23/2007	Contributor address; City; State; Zip Code			\$50.00 Coffee Event
Principal cos	upation / Job title (See Instructions)	·	(If travel outside of	Texas, complete Schedule T)
- Interpat occ	dealon / Job tile (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Scharlach, Dick and Kitty	·	contribution (\$)	description (if applicable)
4/24/2007	Contributor address; City; State; Zip Code		.	\$50.00 Coffee Event
 _			(If travel outside of	Texas, complete Schedule T)
Principal occu	rpation / Job title (See Instructions)	Employer (See II	nstructions)	Toxas, somplete ochedule 1)
Date	Full name of contributor out-of-state PAC (ID#:			
	Vague, Jima and Mary Jo		Amount of contribution (\$)	In-kind contribution description (if applicable)
410=10===	Contributor address; City; State; Zip Code			\$50.00
4/25/2007		1	1	Coffee Event
4/25/2007			I I	
	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
The Instructi	ion Guide explains how to complete this form.		1 Total pages Sche Schedule: 12/	edule A: 12 Report 14/24
2 FILER NAM	ME MORALES, ROY (MR.)		3 ACCOUNT# (Ett	nics Commission filers}
4 Date	5 Full name of contributorout-of-state PAC (ID#: Alvarez, Victor and Norma)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/30/2007	6 Contributor address; City; State; Zip Code			\$495.00 Coffee
		<u> </u>	(If travel outside	 of Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Oate	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State; Zip Code		(If travel outside	 - - of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See		 of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside	
Principal occ	upation / Job title (See Instructions)	Employer (See		
lf (ATTACH ADDITIONAL COPIE			roquirements.

P.O. Box 12070

POLITIC	CAL EXPENDITURES			SCHEDI	JLE F
The Instruc	tion Guide explains how to complete this form.		1 Total pages Schedule:	s Schedule F. 1/9 Report 15/2	4
2 FILER NAMI	MORALES, ROY (MR.)		3 ACCOUNT	# (Ethics Commission fi	lers)
4 Date 4/13/2007	5 Payee name Pay Pal 6 Payee address: City; State; Zip Code P.O. Box 45950 Omaha NE 68145			7 Amou (\$) \$3.20	
required.)	ment (See instructions regarding type of information Internet Contribution Merchant Fee le of Texas, complete Schedule T)	9 ·· Complete if di Candidate / Officeholder r		to benefit C/OH ·· Office sought	Office held
Date 4/13/2007	Payee name Jordan, Justin Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047			Amou (\$) \$150.00	
required.) C	yment (See instructions regarding type of information ampaign Assistance e of Texas, complete Schedule T)	Complete if di Candidate / Officeholder r		to benefit C/OH Office sought	Office held
Date 4/13/2007	Payee name US Postmaster Payee address; City: State; Zip Code Houston, TX			Amou (\$) \$240.00	nt
required.) Po	yment (See instructions regarding type of information stage	•• Complete if di Candidate / Officeholder r		to benefit C/OH ··· Office sought	Office held
Date 4/13/2007	Payee name Katy Printer, Inc Payee address; City: State; Zip Code 5807 Hwy Blvd Katy TX 77492			Amou (\$) \$180.	
required.)	I // // // // // // // // // // // // //	Candidate / Officeholder r	ame	to benefit C/OH •• Office sought	Office held

Texas Ethics (Commission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	1-800-325-850
POLITI	CAL EXPENDITURES		S	CHEDULE F
The Instru	ction Guide explains how to complete this form.		1 Total pages Schedule Schedule: 2/9 Re	
2 FILER NAM	MORALES, ROY (MR.)		3 ACCOUNT # (Ethics (Commission filers)
4 Date	5 Payee name US Postmaster		7	Amount (\$)
4/14/2007	6 Payee address; City; State; Zip Code Houston TX		\$2	16.00
required.)	yment (See instructions regarding type of information ostage de of Texas, complete Schedule T)	9 •• Complete if di Candidate / Officeholder i	irect expenditure to benefit name Office soug	
Date	Payee name	<u> </u>	-	Amount
4/14/2007	Office Depot Payee address; City; State; Zip Code			(\$) 01.73
	8202 Kirby Drive Suite 1240 Houston TX 77054		, p	01.73
required.)	yment (See instructions regarding type of Information fice Supplies	•• Complete if di Candidate / Officeholder r	irect expenditure to benefit name Office soug	
	le of Texas, complete Schedule T)			
Date	Payee name Sign Here			Amount (\$)
4/16/2007	Payee address; City: State; Zip Code 1719 Live Oak Houston, TX 77003		\$2	00.00
required.)	yment (See instructions regarding type of information Campaign Assitance	•• Complete if di Candidate / Officeholder r	rect expenditure to benefit name Office sough	
(If travel outs	side of Texas, complete Schedule T)			
Date	Payee name Business Extension Bureau			Amount (\$)
4/17/2007	Payee address; City; State; Zip Code 4802 Travis Houston, TX 770002		\$	2,209.83
Purpose of pay required.)	ment (See instructions regarding type of information Printed Material	•• Complete if dir Candidate / Officeholder n	rect expenditure to benefit name Office sough	
(If travel outsid	e of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED	

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruct	tion Guide explains how to complete this form.	1 5	Total pages Schedule F: Schedule: 3/9 Report 17/24
2 FILER NAME	E MORALES, ROY (MR.)	3	ACCOUNT # (Ethics Commission filers)
4 Date 4/17/2007	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code Houston TX		7 Amount (\$)\$144.00
required.) Pr	/whent (See instructions regarding type of information rinted Material le of Texas, complete Schedule T)	9 Complete if direct e Candidate / Officeholder name	expenditure to benefit C/OH ·· Office sought Office held
Date	Payee name NX Media		Amount (\$)
4/17/2007	Payee address; City; State; Zip Code 6118 Aletha Lane Houston TX 77081		\$243.56
required.) Pri	rment (See instructions regarding type of information rinted Material e of Texas, complete Schedule T)	Complete If direct e Candidate / Officeholder name	expenditure to benefit C/OH · · Office held
Date	Payee name Pay Pal		Amount (\$)
4/18/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145		\$1.32
required.)	rment (See instructions regarding type of information internet Contribution Merchant Fee ide of Texas, complete Schedule T)	•• Complete if direct e: Candidate / Officeholder name	expenditure to benefit C/OH •• Office sought Office held
Date	Payee name Sign Here		Amount (\$)
4/18/2007	1		\$100.00
required.)	ment (See instructions regarding type of information ampaign Assistance	•• Complete if direct ex Candidate / Officeholder name	xpenditure to benefit C/OH ·· Office sought Office held
(if travel outside	e of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES		-

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruc	ction Guide explains how to complete this form.		1 Total page Schedule	s Schedule F: : 4/9 Report 18/24
2 FILER NAM	MORALES, ROY (MR.)			# (Ethics Commission filers)
4 Date	5 Payee name US Postmaster			7 Amount (\$)
4/18/2007	6 Payee address; City; State; Zip Code Houston TX			\$240.00
required.)	yment (See instructions regarding type of information ostage	9 ··· Complete if dire Candidate / Officeho:der no		to benefit C/OH •• Office sought Office held
(if travel outsid	le of Texas, complete Schedule T)			
Date	Payee name Pay Pal		· ·	Amount (\$)
4/19/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145			\$7.55
required.) li	rment (See instructions regarding type of information internet Contribution Merchant Fee	•• Complete if dire Candidate / Officeholder na		to benefit C/OH ** Office sought Office held
Date 4/20/2007	Payee name US Postmaster Payee address: City; State; Zip Code Houston TX			Amount (\$) \$192.00
required.) Po	ment (See instructions regarding type of information Ostage de of Texas, complete Schedule T)	Complete if direct Candidate / Officeholder nar		o benefit C/OH •• Office sought Office held
Date	Payee name US Postmaster			Amount (\$)
4/21/2007	Payee address; City; State; Zip Code Houston TX			\$240.00
required.)	nent (See instructions regarding type of information Postage of Texas, complete Schedule T)	•• Complete if direc Candidate / Officeholder nam		b benefit C/OH •• ffice sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

POLITI	CAL EXPENDITURES			SCHEDULE	F
The Instruc	ction Guide explains how to complete this form.		1 Total pages Schedule: !	s Schedule F: 5/9 Report 19/24	
2 FILER NAMI	MORALES, ROY (MR.)		3 ACCOUNT	# (Ethics Commission filers)	
4 Date 4/23/2007	5 Payee name Business Extension Bureau 6 Payee address; City: State; Zip Code			7 Amount (\$) \$3,610.00	
	4802 Travis Houston, TX 770002				
required \	yment (See instructions regarding type of information inted Material	9 Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office	ce heid -
(If travel outsid	de of Texas, complete Schedule T)			:= <u></u>	
Date	Payee name Michael Franks Printing 4802 Travis	*		Amount (\$)	
4/25/2007	Payee address; City; State; Zip Code 404 I-45 South Huntsville TX 77340	X:770002 · · · · · · · · · ·		\$500.00	
required.)	yment (See instructions regarding type of information Printed Material Deposit	Complete if dire Candidate / Officeholder na	•	to benefit C/OH •• Office sought Office	e held
(if travel outside	e of Texas, complete Schedule T)			<u></u>	
Date	Payee name Business Extension Bureau			Amount (\$)	
4/26/2007	Payee address; City; State; Zip Code 4802 Travis Houston, TX 770002			\$2,300.00	
required.) Pr	ment (See instructions regarding type of information	 Complete if dire Candidate / Officeholder na 		to benefit C/OH Office sought Office	e held
	ide of Texas, complete Schedule T)				
Date	Payee name Proguard			Amount (\$)	
4/26/2007	Payee address; City; State; Zip Code			\$169.00	
	2915 Old Spanish Trail Houston TX				
required.)	ment (See instructions regarding type of information orage Rental Unit	•• Complete if direct Candidate / Officeholder nar		to benefit C/OH Office sought Office t	held
(If travel outside	e of Texas, complete Schedule T)	<u> </u>	· 		
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	<u> </u>	

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruc	ction Guide explains how to complete this form.		1 Total pages Schedule F- Schedule: 6/9 Report 20/24
2 FILER NAM	E MORALES, ROY (MR.)	:	3 ACCOUNT # (Ethics Commission filers)
4 Date 4/27/2007	5 Payee name Business Extension Bureau 6 Payee address; City; State; Zip Code 4802 Travis Houston, TX 770002		7 Amount (\$) \$2,223.96
required.)	yment (See instructions regarding type of information rinted Material	9 •• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH Ime Office sought Office held
(If travel outsid	de of Texas, complete Schedule T)		
Date	Payee name Sprint Digital Print		Amount (\$)
4/27/2007	Payee address; City; State; Zip Code 8748 Clay Rd., Suite 300 Houston TX 77080		\$1,190.75
required.)	yment (See instructions regarding type of information Printed Material le of Texas, complete Schedule T)	Complete if dire Candidate / Officeholder na	ct expenditure to bonefit C/OH une Office sought Office held
Date	Payee name		Amount (\$)
4/27/2007	Sign Here Payee address; City: State; Zip Code 1719 Live Oak Houston, TX 77003		\$200.00
required.)	yment (See instructions regarding type of information Campaign Assistance side of Texas, complete Schedule T)	•• Complete if dire Candidate / Officeholder na	ct expenditure to benefit C/OH ** me Office sought Office held
Date	Payee name		Amount
4/29/2007	Sign Here Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003		\$100.00
required.) (yment (See instructions regarding type of information Campaign Assistance	•• Complete if direct Candidate / Officeholder name	ct expenditure to benefit C/OH •• me Office sought Office held
(ii travel outsid	le of Texas, complete Schedule T) ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruc	ction Guide explains how to complete this form.		iges Schedule F: ile: 7/9 Report 21/24
2 FILER NAM	MORALES, ROY (MR.)	3 ACCOL	INT # (Elhics Commission filers)
4 Date 4/29/2007	5 Payee name Sign Here 6 Payee address; City; State; Zip Code 1719 Live Oak		7 Amount (\$) \$45.00
required.)	Houston, TX 77003 yment (See instructions regarding type of information Sign Placement Supplies	9 ·· Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH Office sought Office held
	de of Texas, complete Schedule T)		
Date	Payee name Pay Pal		Amount (\$)
4/30/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145		\$1.03
required.) 	yment (See instructions regarding type of information nternet Contribution Merchant Fee	Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH Office sought Office held
Date	Payee name Pay Pal		Amount (\$)
4/30/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145		\$3.20
required.)	yment (See instructions regarding type of information ternet Contribution Merchant Fee	•• Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
(If travel outs	ide of Texas, complete Schedule T)		
Date	Payee name Levine, Burt		Amount . (\$)
4/30/2007	Payee address; City; State; Zip Code 3525 Sage Rd, Suite 509 Houston TX 77056		\$150.00
required.) Ca	yment (See instructions regarding type of information ampaign Assistance	Complete if direct expendit Candidate / Officeholder name	ure to benefit C/OH ·· Office sought Office held
j 2701 046314		S OF THIS FORM AS NEEDED	

POLITI	CAL EXPENDITURES			SCHED	ULE F
The Instruc	tion Guide explains how to complete this form.	1	Total page: Schedule:	s Schedule F: : 8/9 Report 22/2	24
2 FILER NAM	E MORALES, ROY (MR.)	3	ACCOUNT	# (Ethics Commission f	ilers)
4 Date 5/1/2007	 5 Payee name LULAC District VII's Cinco De Mayo Parade 6 Payee address; City: State: Zip Code 5207 Airline Dr. Suite 102 Houston, TX 77022 			7 Amot (\$) \$125.00	
8 Purpose of parequired.)	yment (See instructions regarding type of information Parade Fee	9 •• Complete if direct Candidate / Officeholder name		to benefit C/OH Office sought	Office held
(If travel outsid	de of Texas, complete Schedule T)			<u> </u>	
Date	Payee name Sprint Digital Print			Amou (\$)	
5/1/2007	Payee address; City; State; Zip Code 8748 Clay Rd., Suite 300 Houston TX 77080			\$941.78	3
required.)	yment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nan		to benefit C/OH Office sought	Office held
(if travel outsid	e of Texas. complete Schedule T)				
Date	Payee name Sign Here			Amou (\$)	nt
5/1/2007	Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003			\$200.00	
required.)	yment (See instructions regarding type of information ampaign Assistance	Complete if direc Candidate / Officeholder nan		to benefit C/OH Office sought	Office held
(If travel outs	ide of Texas, complete Schedule T)				
Date	Payee name Pay Pal			Amou (\$)	nt
5/2/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145			\$1.75	
required.)	yment (See instructions regarding type of information Internet Contribution Merchant Fee le of Texas, complete Schedule T)	•• Complete if direc Candidate / Officeholder nan		to benefit C/OH Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NE	EDED		

POLITI	ICAL EXPENDITURES			SCHEDULE F
The Instruc	ction Guide explains how to complete this form.	1	Total pages Sch Schedule: 9/9	hedule F: P Report 23/24
2 FILER NAM	ME MORALES, ROY (MR.)	3	ACCOUNT # (E	Ethics Commission filers)
4 Date	5 Payee name Pay Pal	<u></u>	7	Amount (\$)
5/2/2007	6 Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145			\$72.80
required.)	ayment (See instructions regarding type of information sternet Contribution Merchant Fee	9 Complete if direct Candidate / Officeholder name		penefit C/OH ·· pe sought Office held
(If travel outside	ide of Texas, complete Schedule T)			
Date	Payee name Pay Pal			Amount (\$)
5/3/2007	Payee address; City: State; Zip Code P.O. Box 45950	• • • • • • • • • • • • • • • • • • • •		\$14.80
	Omaha NE 68145			
required.)	eyment (See instructions regarding type of information ternet Contribution Merchant Fee	·· Complete if direct Candidate / Officeholder name		renefit C/OH le sought Office held
Date	Payee name		-	Amount
56.5	Business Extension Bureau			Amount (\$)
5/3/2007	Payee address; City; State; Zip Code	,		\$3,000.00
	4802 Travis Houston, TX 770002			
required.)	nyment (See instructions regarding type of information Printed Material	•• Complete if direct Candidate / Officeholder name		enefit C/OH •• e sought Office held
(if travel outs	side of Texas, complete Schedule T)			
Date	Payee name			Amount
	Katy Printer, Inc	· • • • • • • • • • • • • • •		(\$)
5/3/2007	Payee address; City; State; Zip Code P.O. Box 808 Katy TX 77492-0808			\$167.00
required.)	yment (See instructions regarding type of information rinted Material	•• Complete if direct of Candidate / Officeholder name		enefit C/OH ·· Office held
(If travel outsid	de of Texas, complete Schedule T)			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEE	DED	

	FROM PERSONAL FUNDS		
The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule G: Schedule: 1/1 Report 24/24	
2 FILER NAM	IE ·	3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name Morales, Roy	8 Amount (\$)	
4/17,18,21,25, 28/2007	6 Payee address; City; State; Zip Code	\$190.51	
	Purpose of expenditure (See instructions regarding type of information requ Fuel Costs (If travel outside of Texas, complete Schedule T)	ired.) X Reimburseme from political contributions intended	
Date 5/2,3/2007	Payee name Morales, Roy Payee address; City; State; Zip Code	Amount (\$) \$81.38	
	Purpose of expenditure (See instructions regarding type of information requ Fuel Costs (If travel outside of Texas, complete Schedule T)	Reimburseme from political contributions intended	int
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information requi	red.) X Reimburseme from political contributions intended	ınt
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information requ	Reimbursemer from political contributions intended	nt
Date	Payee name	Amount (\$)	
	Purpose of expenditure (See instructions regarding type of information requi	ed.) Reimbursboger from political cuntributions	nt